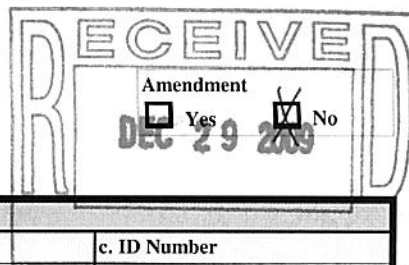


# Statement of Organization - Candidate Committee

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500.



<b>1. Committee Information</b>			
a. Full Name		c. ID Number	
Doris Kirby for Sheriff			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
538 6 <sup>th</sup> Ave SW		12/29/2009	
Hickory, NC 28602		e. Phone Number	
		828-322-8198	
<b>2. Candidate Information</b>		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name		c. Candidate ID Number	d. Party Affiliation
Doris Layne Kirby			Dem
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought	f. Jurisdiction
538 6 <sup>th</sup> Ave SW		Sheriff	
Hickory, NC 28602		(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)	
<b>3. Treasurer Information</b>		<b>4. Custodian of Books Information</b>	
a. Full Name		a. Full Name	
LaVerne A. Bolick			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
4127 South Olivers Cross Rd			
Newton NC 28658			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
828-428-2118	lbolick1949@charter.net		
<b>5. Assistant Treasurer Information</b>		<b>6. Account Information (incl. CRO-3500)</b>	
a. Full Name		a. Financial Institution Full Name	
		Peoples Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
		Political	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		100	Checking
<b>CERTIFICATION</b>			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct.			
LAVERNE A. BOLICK		12/29/2009	
Printed Name of Signer		Date	
LaVerne A. Bolick		Signature of Appointed Treasurer	



North Carolina  
State Board of Elections  
506 N Harrington Street  
Raleigh, NC 27603

Kimberly Westbrook-Strach  
Deputy Director – Campaign Reporting

Mailing Address  
PO Box 27255  
Raleigh, NC 27611-7255  
(919) 733-7173  
Fax: (919) 715-8047

**Certification of Treasurer**

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

**FILED BY:**

Candidate Name:

Doris Layne Kirby

Treasurer Name:

LaVerne A. Bolick

Treasurer Address:

538 W<sup>th</sup> Ave SW

(include city, state, & zip)

Hickory, NC 28602

Treasurer Phone:

(828) 428-2118

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

12-29-2009  
Date Signed

Signature of Candidate

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.



North Carolina  
State Board of Elections

506 N Harrington Street  
Raleigh, NC 27603

Kimberly Westbrook-Strach  
Deputy Director – Campaign Reporting

Mailing Address  
PO Box 27255  
Raleigh, NC 27611-7255  
(919) 733-7173  
Fax: (919) 715-8047

**Certification of Threshold**

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

**FILED BY:**

Committee Name:

Doris Kirby for Sheriff

Treasurer Name:

LaVerne A. Bolick

Treasurer Address:

4127 South Olivers Crossroads

(include city, state, & zip)

Newton NC 28658

Treasurer Phone:

(828) 428-2118

Check One:

☐ I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

☒ I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

12-29-2009

Date Signed

Signature

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.



North Carolina  
State Board of Elections  
506 N Harrington Street  
Raleigh, NC 27603

Kimberly Westbrook-Strach  
Deputy Director – Campaign Reporting

Mailing Address  
PO Box 27255  
Raleigh, NC 27611-7255  
(919) 733-7173  
Fax: (919) 715-8047

### Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

Candidate Name:

Doris Layne Kirby

Committee Name:

Doris Kirby for Sheriff

Treasurer Name:

Laverne A. Bolick

If Candidate is own treasurer, designate an agent to carry out designations: Laverne A. Bolick

Committee ID #:

Level Registered:

[State] [County] If county, specify:

County

I, Doris Layne Kirby, hereby direct that in the event of my death or incapacity all  
(Name of Candidate)

funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

Name of Entity (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. <u>NC Fraternal Order of Police</u>	<u>50%</u>
2. <u>Concordia Lutheran</u>	<u>25%</u>
3. <u>Catawba County Hospice</u>	<u>25%</u>

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate:

Doris G. Kirby

Date:

12-29-2009

Note: This Designation is to be filed with the Election Board where the committee's campaign reports are filed.